## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

| 01 4110 40 711 71   |  |   |  |  |                     | 10/3 2015-7                             |         |                     |                        |
|---|--|---|--|--|---------------------|---|---------|---------------------|------------------------|
| CLAIMS A  |  |   | AS FILED - PART  |  | SMALL EN            | miy                                     | /<br>OR | OTHER<br>SMALL      |                        |
| U.S. NATIONAL STAGE FEES  |  |   | (Column 1)   | (Column 2)                             | 7 BATE              | 7                                       | 7       |                     | T                      |
| BASIC FEE   |  |   | SMALL ENT. = \$ 150  | LARGE ENT. = \$ 300                    | RATE                | FEE                                     | ł       | RATE                | FEE                    |
| EXAMINATION FEE   |  |   | Satisfies PCT Article 33(1)  |  | BASIC FEE           | 130                                     | OR      | BASIC FEE           |                        |
| COMMITTION FEE  |  |   | (4) = \$50/\$100<br>U.S. is ISA = \$50/\$100   | \$ 100 / \$ 200                        | EXAM FEE            | 100                                     | ]       | EXAM FEE            | ·                      |
| SEARCH FEE  |  |   | ALL other countries = \$ 200 / \$ 400  | All other situations = \$ 250 / \$ 500 | SEARCH FEE          | 200                                     | }       | SEARCH FEE          |                        |
| FEE FOR EXTRA SPEC. PGS.  |  |   | minus 100 =  | / 50 =                                 | X \$ 125 =          |   |         | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | /O minus 20 =  |  | X \$ 25 =           |   | OR      | X \$ 50 =           |                        |
| INDEPENDENT CLAIMS  |  |   | / minus 3 =  |  | X \$ 100 =          |   | OR      | X \$ 200 =          |                        |
| MULTIPLE DEPENDENT CLAIM PRE  |  |   |  |  | + \$ 180 =          |   | OR      | +\$360=             |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |  |  | TOTAL               | 450                                     | OR      | TOTAL               |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |  |  | SMALL               | OTHER THAN SMALL ENTITY OR SMALL ENTITY |         |                     |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       | HIGH<br>NUM<br>PREVIX<br>PAID  | BER PRESENT<br>OUSLY EXTRA             | RATE                | ADDI-<br>TIONAL<br>FEE                  |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | · 10  | Minus **   |  | X \$ 25 =           |   | OR      | X \$ 50 =           |                        |
|   | Independent                                    | • /   | Minus -  | 3 = 0                                  | X \$ 100 =          |   | OR      | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |  | +\$ 180 =           |   | OR      | +\$360=             |                        |
|   |  | •   |  |  | TOTAL ADDIT.<br>FEE |   | OR      | TOTAL ADDIT.<br>FEE |                        |
|   |  |   |  |  |                     |   |         |                     | ΄.                     |
| AMENDMENT B   |  | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT | (Columnia (Colum | EST BER PRESENT DUSLY EXTRA            | RATE                | ADDI-<br>TIONAL<br>FEE                  |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   | Minus **   | 2                                      | X \$ 25 =           |   | OR      | X \$ 50 =           |                        |
|   | Independent                                    | •   | Minus ***  | 2                                      | X \$ 100 =          |   | OR      | X \$ 200 =          |                        |
|   | FIRST PRES                                     | ENTATION OF M                                   | ULTIPLE DEPENDENT (  | CLAIM                                  | + \$ 180 =          |   | OR      | +\$ 360 =           |                        |
|   |  |   | TOTAL ADDIT.<br>FEE  |  | OR                  | TOTAL ADDIT.<br>FEE                     |         |                     |                        |
| " If the entry in column 1 is less than the entry in column 2, write "0" In column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |  |  |                     |   |         |                     |                        |